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TD ANOMITTAL	Application Number	10/586,050 July 14, 2006 Manabu AMIKURA		
TRANSMITTAL	Filing Date			
FORM	First Named Inventor			
	Art Unit	1709		
	Examiner Name	Nathan K. Ford		

(to be used for all correspondence after	initial filing)							
Total Number of Pages in This Submiss				033082R337				
	ENCLO	SURES (check all tha	t apply)					
Fee Transmittal Form	☐ Drawing(s)	After Allo	owance Communication to TC				
Fee Attached	Licensing	related Papers		Communication to Board als and Interferences				
Amendment	Petition		—	Communication to TC lotice, Brief, Reply Brief)				
After Final	. —	Convert to a al Application		Proprieta	ary Information			
Affidavits/declaration(s)		Attorney, Revocation f Correspondence Add	ress	Status Letter				
Two-Month Extension of Time	Terminal I	Disclaimer		Other Enclosure(s) (please identify below):				
Express Abandonment Request	Request f	or Refund		PTO Form 1	449 with one non-U.S. cited			
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Reply to Missing Parts/								
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Firm			KNE I, OI	AGENT				
riiii	Smith, Gambrell & Russell							
Signature	·							
Printed Name	Dennis C. Ro							
Date	December 20	, 2007	32,936					
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I hereby certify that this corresponder Service with sufficient postage as fir Alexandria, VA 22313-1450 on the date	rst class mail i	simile transmitted to the an envelope address	ne USPTO ssed to: C	or deposited commissioner	with the United States Postal for Patents, P.O. Box 1450,			
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Complete if Known

10/586,050

July 14, 2006 Manabu AMIKURA

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Application Number

First Named Inventor

Filing Date

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Effective 10/01/2004. Patent fees are subject to annual revision.

Examiner Name Nathan K. Ford ☐ Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1709 033082R337 **TOTAL AMOUNT OF PAYMENT** \$640.00 Attorney Docket No.

METHOD OF PAYMENT (check all that apply)							FEE CALCULATION (continued)							
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None						1	NAL FE	_						
Order Deposit Account:							Large		Small E					
Deposit							Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description Fee	Paid		
Account 02 – 4300				1051	130	2051	65	Surcharge - late filing fee or oath						
Number	L								1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit Account SMITH, GAMBRELL & RUSSELL				1053	130	1053	130	Non-English specification						
Name SMITH, GAMBRELL & RUSSELL					1812	2,520	1812	2,520	For filing a request for ex parte reexamination					
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments					1804	920*	1804	920°	Requesting publication of SIR prior to Examiner action					
☐ Charge any additional fee(s) or any underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action					
to the above-id	lentifie								1251	120	2251	60	Extension for reply within first month	
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Large Entity	_	mall Entity							1254	1,590	2254	795	Extension for reply within fourth month	
Fee Fee Code (\$)	Fee	de (\$)		Fee Description Fee Paid						2,160	2255	1,080	Extension for reply within fifth month	
1001 790	200		_	Utility filing fee Design filing fee					1401	500	2401	250	Notice of Appeal	
1002 350	200								1402	340	2402	170	Filing a brief in support of an appeal	
1003 550 1004 790	200							1403	300	2403	150	Request for oral hearing		
1004 /90	200						1451	1,510	1451	1,510	Petition to institute a public use proceeding			
1003 100 2003 80 Provisional lilling lee					1452	110	2452	55	Petition to revive – unavoidable	•				
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		_	Extr	a Claims		below	_	Fee Paid	1503	660	2503	330	Plant issue fee	
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Multiple Dependent					×	300] =	0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
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1202 18		2202 9 Claims in excess of 20							1810	790	2810	395	For each additional invention to be	
1201 88		2201 44 Independent claims in excess of 3							1				examined (37 CFR § 1.129(b))	
1203 300)	2203 150 Multiple dependent claim, if not paid							1801	790	2801	395	Request for Continued Examination (RCE)	
1204 88 2204 44 "Reissue independent daims over original patent					1802	900	1802	900	Request for expedited examination					
1205 18 2205 9 ** Reissue daims in excess of 20 and over original patent						of 20 and		·			of a design application			
SUBTOTAL (2) - 0 -							Other fe	ee (speci	fy)	-				
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**or number previously paid, if greater; For Reissues, see above											SUBTOTAL (3) \$64	40.00		

SUBMITTED BY Complete (if applicable)										
Name (Print/Type)	Dennis C. Rodgers	Registration No. (Attorney/Agent)	32,936	Telephone	202 263 4300					
Signature	, A		Date	December 20, 2006						

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